SEEC FORM 23

Self-Funded Candidate's Expenditure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2021

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					U. 1 1 F 3 F 3 C 1 T 1	· · · · · · · · · · · · · · · · · · ·			
1. CANDIDATE NAME					BRISTOL,	CT			
545an	МІ	//	Last	-		Suf	fix		
2. CANDIDATE ADDRESS		•							
Street Address		City	0 1		State	Zip Code			
993 Hill	Street	-	Brist	0(CT	06	010		
3. ELECTION DATE	4. OFFICE SOUGHT					5. DISTRICT	NUMBER		
(mm/dd/yyyy) 11/02/2021	City	Cou	incil			(if applicable)			
6. TYPE OF REPORT (Check One Bo	x) /		·				-		
□ January 10 □ 7th day preceding primary □ 45 days following May election □ Supplemental Statement (Specify Type) □ April 10 □ 30 days following primary □ 45 days following special election □ Amendment to (Specify Type of Report) □ July 10 □ 7th day preceding election									
	-								
October 10									
7. PERIOD COVERED									
Beginning Date Ending Date									
-	07/01/20	021	through <u>09</u>	130/20	<u> </u>				
8. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Self-Funded Candidate's Expenditure Statement for the period covered is true, accurate and complete. SIGNATURE OF CANDIDATE SIGNATURE OF CANDIDATE SIGNATURE OF CANDIDATE DATE (mm/dd/yyyy)									
SUMMARY									
			COLUMN A This Period			LUMN B ggregate			
9. Expenditures Paid by Candidate (See	e etion A - Page 2)	1,	796.40		1,7	96.4	0		
10. Expenditures Incurred by Can- This Period but Not Paid (Sec	didate tion B - Page 3)	•	- 0 -						
11. Total Outstanding Expenditure by Candidate still Unpaid (Sec			-0-						
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION 55 Farmington Ave · Hartford, Connecticut 06105

Detailed instructions for the SEEC Form 23 are available on the Commission website at www.ct.gov/seec or at the Commission's offices.

NAME OF CANDIDATE	TYPE OF REPORT						
1 1	TYPE OF REPORT						
Susan L. Tyler							
A. Expenses Paid by Candidate Name of Payee							
· .		Amount					
Compu Mail		220,00					
298 Captain Lewis Dr. Southin	State	Zip Code					
······································	9,00 F1	06489					
Date of Payment Purpose of Expenditure Description		Is this expenditure coordinated with					
07/06/2021 A-OTH 500 Palm Cards		more than one candidate?					
Name of Candidate (if applicable) Office Sought		☐ Yes ☐ No					
		If yes, complete Section A. Addendum					
Name of Payee		Amount					
June Schilling Graphic Design	e (-	90.40					
Street Address City	State	Zip Code					
94 Emily Lane Bristol	(CT	06010					
Date of Payment Purpose of Expenditure Description 07/15/2021 A-OTH Layout / Orsian W	- 1 -	Is this expenditure coordinated with					
Name of Candidate (If applicable) A-OTH Layout Design W Office Sought	ork	more than one candidate?					
Office Sought		☐ Yes ☐ No If yes, complete					
		Section A. Addendum					
Name of Payee		Amount					
Compu Mail	2	30.00.					
Street Address City	State	Zip Code					
298 Captain Lowis Dr. Southin	gton CT	06489					
Date of Payment Purpose of Expenditure Description		Is this expenditure coordinated with					
08/10/2021 A-OTH 1.000 Palm Cards		more than one candidate?					
Name of Candidate (if applicable) Office Sought		□Ycs II No					
		If yes, complete Section A. Addendum					
Name of Payee		Amount					
Compu Mail	1.	256.00					
Street Address City	State	Zip Code					
298 Captain Lewis Dr. Southing	ston CT	06489					
Date of Payment Purpose of Expenditure Description 09/24/2021 A-OTH 180 Yard Signs		Is this expenditure coordinated with					
		more than one candidate?					
Name of Candidate (if applicable) Office Sought		□Yes ☑No					
		If yes, complete Section A. Addendum					
SUBTOTAL Section A - This P	rage 1,796	40					
TOTAL of additional Section A Pa	1,796 ages 1,796	,.40					
TOTAL OF ALL EXPENSES PAID BY CANDIE	ATE 1 79	.40					

EXPENDITURES

NAME OF CANDIDA	ATE				TYPE OF REPORT		-
*							
Name of Creditor	В	. Expenses Incurre	ed by Candid	late this Period but	Not Paid		
Name of Cleditor						Amo	ount Incurred
Street Address			City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
							_
Date Incurred	Purpose of Expenditure	Description					Is this expenditure
	(by cade)						coordinated with more than one
Name of Candidate (if ap	pplicable)			Office Sought			candidate? ☐Yes ☐ No
							If yes, complete Section B. Addendum
Name of Creditor						Amo	unt Incurred
Street Address			City			State	Zip Code
Date Incurred	Purpose of Expenditure	Description				<u> </u>	Is this expenditure
	(by code)	_					coordinated with more than one
Name of Candidate (if app	plicable)			Office Sought			candidate? ☐ Yes ☐ No
							If yes, complete Section B. Addendun
Name of Creditor						Amo	unt Incurred
•						İ	
Street Address			City	11.		State	Zip Code
			İ				
Date Incurred	Purpose of Expenditure	Description	<u> </u>			1	Is this expenditure coordinated with more than one
Name of Candidate (if app	olicable)	1		Office Sought	, , , , , , , , , , , , , , , , , , , 		candidate?
	·			Omos oogan			☐ Yes ☐ No If yes, complete Section B. Addendum
Name of Creditor						Amo	unt Incurred
Street Address			City			State	Zip Code
		-					
Date Incurred	Purpose of Expenditure (by code)	Description				Is this expenditure coordinated with more than one	
Name of Candidate (if app	dicable)			Office Sought			candidate? □Yes □ No
							If yes, complete Section B. Addendum
			SUBTOTAL	L Section B - This Pag	ge	· · ·	
		Т	OTAL of add	itional Section B Pag	es		
TOTAL OF BUT NOT	F ALL EXPENSES PAID	INCURRED BY CA		URING THIS PERIC ter total on Line 10 of Cover Pag		-0	
	F	revious Reported Ex	"	id and Still Outstandi			
TO	TAL OF ALL EXP	ENSES INCURRED		PATE BUT NOT PALL er total on Line 11 of Cover Pag		-0-	_

NAME OF CANDIDA	ATE				TYPE OF REPORT		
	C. Itemi	zation of Reimb	oursements to (Candidate Worker	rs and Consultant	ts	
Last Name of Worker/Consultant First						MI	
Secondary Payee							Amount
Street Address				ity		State	Zip Code
	Sirect Address			City		State	, z.ip code
Date of Payment	Purpose of Expenditure (try code)	Description					Is this expenditure coordinated with more than one candidate?
Name of Candidate (if applicable) Office Sought						□Yes □ No If yes, complete	
Last Name of Worker/Cons	sultant			First		<u></u>	Section C. Addendum
Secondary Payee						T	Amount
Street Address			Cit	ty		State	Zip Code
Date of Payment	Purpose of Expenditure	Description					Is this expenditure coordinated with more than one
Name of Candidate (if appl	licable)	<u>I</u>		Office Sought		.	candidate? ☐ Yes ☐ No If yes, complete
Last Name of Worker/Const	ultant			First			Section C. Addendum
Secondary Payee			· · · · · · · · · · · · · · · · · · ·				Amount
Street Address			Cit	y		State	Zip Code
Date of Payment	Purpose of Expenditure (by code)	Description					Is this expenditure coordinated with
Name of Candidate (if applicable) Office Sought					more than one candidate? Yes No If yes, complete Section C. Addendum		
	TO AND A STATE OF THE PARTY OF	Secretary and the 1-2-100	SUBTOTA	L Section C - This P	Page	<u>.</u> .	
			TOTAL of add	ditional Section C Pa	ages		
OTAL OF ALL R	REMIBURSEMEN	TS TO CANDID	ATE WORKER	RS AND CONSULTA	ANTS _	0-	
						; <u>-</u> .	, <u>-</u>